CITY OF NEW ORLEANS CHIEF ADMINISTRATIVE OFFICE

POLICY MEMORANDUM NO. 19(R)

April 15, 2013

TO:

All Departments, Boards, Agencies and Commissions

FROM:

Andrew D. Kopplin, Chief Administrative Officer/First Deputy Mayor

SUBJECT:

DOMICILE REQUIREMENTS FOR CITY EMPLOYEES

I. PURPOSE.

This policy memorandum is revised to conform to Ordinance No. 29,494 M.C.S. of the City Code Sections 2-971 through 2-978.

II. DISTRIBUTION.

- A. All employees are to be issued a copy of the domicile ordinance attached and this policy. All departments, boards, agencies, and commissions shall distribute copies of the attached domicile acknowledgment and certification forms to each City employee in the employ of each department.
- B. The employee must sign the attached written acknowledgment of receipt of the City's domicile policy (Form A). A copy of the signed acknowledgment is to be retained in the employee's personnel file.
- C. The distribution process shall commence upon receipt of this policy memorandum and be completed thirty days after issuance date of this memorandum.
- D. Every appointing authority will be responsible for establishing an internal distribution process and for procuring each employee's signature on both the acknowledgment and Declaration of Domicile forms (Forms A and B). It is recommended that departmental personnel sections be primary resources for the distribution and for monitoring the issuance and signing of employees' copies.
- E. A written report (Form C) indicating that the distribution has been completed by each department shall be submitted to the Personnel Division, Chief Administrative Office within thirty (30) days of the issuance date of this memorandum. The report will indicate the number of the department's employees who are domiciled in Orleans Parish and the number who maintained their domicile outside of Orleans Parish (but are permitted under Ordinance 25,242 M.C.S.) as December 31, 2012.

III. LEGAL SYNOPSIS.

- A. Attached to this memorandum is a copy of the City's complete domicile ordinance.
- B. All employees must be domiciled in Orleans Parish as of January 1, 2013, unless domiciled outside of Orleans Parish prior to that date.

IV. POLICIES AND REGULATIONS.

- A. The domicile requirement imposed by this article shall not apply to any employee of the New Orleans Aviation Board during the term of his or her employment with such board and for six months thereafter, if the actual domicile of the employee is nearer to the employee's job site than the distance from the job site to the nearest point of Orleans Parish.
- B. Part-time employees, those who are not classified as full-time employees, shall be exempt from the domicile requirement imposed by the domicile ordinance.
- C. An additional exemption to the domicile requirement may be the granting of a waiver upon the demonstration of extreme hardship by an employee, on an individual, case-by-case basis, by the appointing authority of the employee subject to the approval by the Chief Administrative Officer. Any employee who seeks to request an exemption must file an Exemption Request (Form D) with the employee's appointing authority approval to the Personnel Division, Chief Administrative Office.

V. **ENFORCEMENTOF DOMICILE POLICY.**

- A. ALL EMPLOYEES.
 - 1. All employees are required to complete a declaration of domicile form (Form B). Failure to accurately complete the Declaration of Domicile form will result in disciplinary action, including but not limited to termination.
 - 2. When the employee completes the Declaration of Domicile form, an Appointing Authority must sign the form. Only signatures from Appointing Authorities are to be entered on the Declaration of Domicile form in the space designated for this purpose.
 - 3. If an employee fails, refuses, or is for any reason unable to complete the attached Declaration Domicile form within the time specified by the Appointing Authority, or if the Appointing Authority is unable in good faith to certify the correctness of the employee's certification, a written report of such failure, refusal, or inability to should be attached to the employee's Declaration form and submitted to the Chief Administrative Office. This report should include whatever information is available as to the domicile of the employee in question.
 - 4. After an employee has signed the Declaration of Domicile form, the original should be sent to the Civil Service Department, Transactions Section, 1340 Poydras Street, 9th Floor of the City Hall

Annex. This Declaration of Domicile form will become part of the employee's personnel file located in that department and the Civil Service record.

- 5. Appointing Authorities should inform each employee of the duty to file an amended Declaration of Domicile form whenever the previously certified address information changes. The amended form must be filed within ten (10) working days of an address change.
- 6. No officer or employee of the City who has responsibility for and authority over the hiring or supervision of employees of the City shall knowingly permit any person who does not have his domicile in Orleans Parish to commence City employment, unless the employee has been granted a 180 day period to relocate within Orleans Parish.
- 7. A certification statement will be required on the P-1 form for new, reinstated or re-employees. P-1 forms received for new employees without this certification will be returned to the department. Under no circumstances will any employee be added to the City payroll, promoted, reemployed, reinstated or retained without this certification, unless the employee has been granted a 180 day extension to relocate within Orleans Parish or was hired prior to January 1, 2013.
- 8. Classified employees hired as Recruits for the New Orleans Police Department, the New Orleans Fire Department and the Emergency Medical Services shall be required to comply with the domicile requirement on the respective employment commencement date. The "employment commencement" date means the date the employee becomes a "regular employee" or obtains permanent status as a classified employee.
- 9. NOPD, NOFD and EMS newly hired employees must sign an employment contract which provides for reimbursement to the City of New Orleans for training expenses should the employee fail to comply with the domicile requirement within the specified period of 180 days.
- 10. In the event of a State of Emergency declaration, the Mayor may by Executive Order suspend the domicile requirement of employees.

VI. VIOLATIONS OF THE DOMICILE POLICY.

- A. Knowing failure to comply with Ordinance 25,242 M.C.S. by officers and employees of the city shall be cause for dismissal or other disciplinary actions.
- B. It shall be unlawful for any officer or employee to knowingly permit any person who does not have an actual domicile in Orleans Parish to commence, continue or resume City employment, in violation of City Code Section 2-974, if hired as of January 1, 2013. Further, it is unlawful for any

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officer or employee hired as of January 1, 2013 to fail to maintain continuously, actual domicile within, Orleans Parish, in violation of City Code Section 2973, or for any person to do any act prohibited or fail to do any act required by this policy or knowingly to make any false representations to the Department of Civil Service, an appointing authority or City officer in connection with the administration or enforcement of this policy.

VII. INQUIRIES.

Any inquiries concerning this policy memorandum may be addressed to the Personnel Division, Chief Administrative Office, (504) 658-8600.

Andrew D. Kopplin
First Deputy Mayor/Chief Administrative Officer

ADK/CBB/cbb

Attachments: Ordinance No. 29,494 M.C.S. of the City Code Sections 2-971 through 2-978, and Forms A, B, C, and D

FORM A

EMPLOYEE STATEMENT OF RECEIPT DOMICILIARY REQUIREMENT

	EMPLOYEE SSN: DEPARTMENT: ORGN CODE: , hereby acknowledge that I have o. 19R, amended in 2013 issued by the Chief
eived a copy of Policy Memorandum No	ORGN CODE:, hereby acknowledge that I have
eived a copy of Policy Memorandum No	, hereby acknowledge that I have
eived a copy of Policy Memorandum No	
eived a copy of Policy Memorandum No	
eived a copy of Policy Memorandum No	
eived a copy of Policy Memorandum No	
·	
ployee's Signature:	
e:	_
pervisor's Signature	
e:	<u></u>
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Attachment:

CAO Policy Memo No. 19 (Revised) – April 2013

FORM B

DECLARATION OF DOMICILE PURSUANT TO CITY CODE ARTICLE XXI!, SECTION 2-801 et seq., as amended, known as the CITY DOMICILE ORDINANCE

l, ·	, Social Security Number,	
	n domiciled at,New Orleans,	
, ,	(Municipal Street Address)	
Louisiana,	•	
(Zip Code)		
Date domicile began:	•	
	(Day/Month/Year)	
In support of your domic	e certification PLACE YOUR INITIALS next to each one of the following that appl	ies to
the domicile you have cla		
,		
l am registere	to vote in Orleans Parish;	
I usually sleep		
	my clothing, household appliances and other personal property there;	
	one in my or my spouse's name that is not on call-forward to another residence;	
I receive most	of my non-city mail addressed to me there;	
	premises without notice or permission from others;	
	prefinaca without notice or permission normaticia,	
	·	
•	minor children, if any, reside with me at this address.	
My spouse an	minor children, if any, reside with me at this address.	
My spouse an	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above?	
My spouse an	minor children, if any, reside with me at this address.	
My spouse an Do you have any othe Yes	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No	
My spouse an Do you have any othe Yes	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above?	
My spouse an Do you have any othe Yes	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No	
My spouse an Do you have any othe Yes	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No	
Do you have any othe Yes If yes, please list any	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses.	
Do you have any othe Yes If yes, please list any	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No	
Do you have any othe Yes If yes, please list any	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses.	
My spouse an Do you have any other Yes If yes, please list any B. DECLARATION OF NO	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses. N-ORLEANS PARISH DOMICILIARY , Social Security Number	
Do you have any othe Yes If yes, please list any	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses. N-ORLEANS PARISH DOMICILIARY , Social Security Number	
My spouse an Do you have any other Yes If yes, please list any B. DECLARATION OF NO	minor children, if any, reside with me at this address. r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses. N-ORLEANS PARISH DOMICILIARY , Social Security Number	
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My spouse an Do you have any other Yes If yes, please list any B. DECLARATION OF NO	r residences or mailing addresses other than the domicile state above? No nd all residences and mailing addresses. N-ORLEANS PARISH DOMICILIARY , Social Security Number	

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DECLARATION OF NON-ORLEANS PARISH DOMICILIARY (CONTINUED) Do you have any other residences or mailing addresses other than the domicile state above? _Yes _ If yes, please list any and all residences and mailing addresses. C. VERIFICATION (TO BE SIGNED BY ALL EMPLOYEES) I certify that the information provided on this form is true and complete. I am aware of the penalties (including, but no limited to, disciplinary action or termination of employment) which will be invoked for the falsification, or omission, of any data requested on this form. I also understand that any changes in my domicile or residences as certified herein require me to complete an amended certification form within ten (10) working days of this change of domicile or residences. I understand that the Appointing Authority may verify information pertaining to my domicile or residences. D. TO BE SIGNED BY APPOINTING AUTHORITY OR DESIGNATED REPRESENTATIVE 1. I am aware of the penalties (including, but not limited to, disciplinary action or termination of employment) which will be invoked for the falsification, or omission, of any data requested on this form. I certify to the best of my knowledge, information and belief that this employee has met the requirements of domicile as stipulated in the City Code Section 2-971 et seq., as amended, known as the City Domicile Ordinance. Signed: Date: OR, 2. I certify to the best of my knowledge, information and belief that this employee is domiciled in the Parish of ______, State of Louisiana. Signed: Date: (Employee Signature) Print Name:

(Employee Name)

FORM-C	
REPORT ON EMPLOYEES DOMICILES	
	DEPARTMENT/AGENCY
	·
Listed below are domiciliary categories for employees as delineated (Revised):	in Chief Administrative Policy No. 19
	•
Number of employees who are domiciled in C	Prleans Parish.
Number of officers or employees who maint Orleans Parish at the same address occupied as of January 1, 2013. The appointed to a new position of classification compensation at a lemployee shall establish an actual domicile in Orleans Parish prior to the exemption granted by this section shall not thereafter apply to exemption applies to the address of record as January 1, 2013.	hese employees are not qualified to nigher rate of pay unless the officer o appointment to said position and
· · · · · · · · · · · · · · · · · · ·	Appointing Authority

FORM D

DOMICILE EXEMPTION REQUEST

Employee Name:	
(Please Print)	
Employee ID No:	<u> </u>
Department:	
l, request to be exempted from the domicile requirement	•
975 (d), Exemptions: which provides for the granting	of same upon demonstration of extreme hardshi
by an employee.	
My circumstance(s) of the exemption request is/are as t	follows:
and the second s	<u> </u>
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•	
Documentation of my hardship is attached	or is not attached
· · · · · · · · · · · · · · · · · · ·	
Employee Signature	·
Appointing Authority Signature	
-	
Chief Administrative Officer	ADDROVED /DICADDROVED
chief Administrative Officer	APPROVED/DISAPPROVED